

**ARTICLES OF ORGANIZATION**  
**DOMESTIC LIMITED LIABILITY COMPANY**

Office of the Secretary of the State

30 Trinity Street/P.O. Box 150470 / Hartford, CT 06115-0470 / 11/06/2001

*See reverse for instructions*

Space for Office FILING #0002764805 PG 01 OF 01 VOL B-00675  
FILED 07/09/2004 08:30 AM PAGE 03076  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

**1. NAME OF THE LIMITED LIABILITY COMPANY.**

*Woodstock Counseling Services LLC*

**2. NATURE OF BUSINESS TO BE TRANSACTED OR THE PURPOSE TO BE PROMOTED OR CARRIED OUT:**

*To engage in any activity which is permitted under Connecticut statutes.*

**3. PRINCIPAL OFFICE ADDRESS: (Provide complete address. See instructions for further details.)**

*207 Route 169, Woodstock, CT 06281*

**4. APPOINTMENT OF STATUTORY AGENT FOR PROCESS:**

**Name of agent:**

*Christopher E Teehan*  
*Attorney at Law*

**Business address: (P.O.Box is not acceptable)**

*112 Main Street, Suite 4*  
*Putnam, CT 06260*

**Residence address: (P.O.Box is not acceptable)**

*98 Cooney Road, POB 225*  
*Pomfret Center, CT 06259*

**Acceptance of appointment**

*Christopher E Teehan*

**Signature of agent**

**5. MANAGEMENT:**

(Place a check mark next to the following statement ***only*** if it applies)

The management of the limited liability company shall be vested in one or more managers.

**6. MANAGER(S) OR MEMBER(S) INFORMATION**

Name	Title	Residence Address	Business Address
<i>Donald MacMillan</i>	<i>Member</i>	<i>207 Route 169</i> <i>Woodstock, CT 06281</i>	<i>207 Route 169</i> <i>Woodstock, CT 06281</i>

**7. EXECUTION**

Dated this 8th day of July 2004.

*Donald MacMillan*

Print or type name of organizer

*Donald W MacMillan*

Signature

Reference and 8 x 11 attachment if additional space is required